Pipeline Safety Division Investigation Report

Investigation regarding: Brad Roy

UPPAC Database Record ID: 4505
Report Date: 8/12/2013  Investigator: Mike Orr
Damage Date: 11/11/2012  Damage Address: 617 Oakdale Dr, Ossian, Wells

The Parties

Excavator: Brad Roy
Address: 3548 W 27th Lane, Yuma, Az 85365
Facility Owner: NIPSCO

Pipeline Facility

Facility Type: Natural GasFacility Function: Service/Drop
Type of Equipment: Hand Tools  Type of Work Performed: Pole

Damage Impact

Product Release: Yes  Ignition: No
Service Interruption: True  Number of Customers Affected: 1
Injuries: 0  Fatalities: 0  Repair Cost (if known): $

Excavator Activities/Cause of Damage Information:

Excavator Request Locates: No  Indiana 811 Ticket Number:  Original Start Date:

Locate Instructions:
Follow-Up Locate Instructions (if applicable):

Synopsis: Excavator/occupant struck and damaged an underground natural gas service while performing pole installation work.

Findings: Reported by Carrie Ludwig (NIPSCo); excavator/occupant did not respond to initial notice mailed 3/27/2013. The excavator/occupant failed to provide the association (IN811) notice of excavation deeper than twelve (12) inches.

Conclusion: There was a failure to provide notice of excavation.

Violation: IC 8-1-26-16(g) Failure to provide notice of excavation.
April 22, 2012

Via Electronic Transmission – PipelineDamageCase@urc.in.gov

Pipeline Safety Division – Case No. 4505
Indiana Utility Regulatory Commission
101 West Washington Street, Suite 1500 East
Indianapolis, Indiana 46204

RE: Investigation Request for Information; Pipeline Division Case No. 4505

To Whom It May Concern:

Attached please find Northern Indiana Public Service Company’s (“NIPSCO”) written information, and supporting documentation, relating to the following event:

Date of Event: 11/11/2012
Event Location: 617 Oakdale Dr
City: Ossian
Facility Owner: Northern Indiana Public Service Company
Excavator: Brad Roy
Other Party: N/A
Pipeline Division Case No. 4505

NIPSCO has reviewed its recovery and damage prevention files for this matter and has provided answers, when known, to the list of questions set forth in the Information Request. To the extent available, NIPSCO is also providing a copy of the Damage Information Report – Pipeline Safety Division previously submitted by NIPSCO to IURC Pipeline Safety as well as additional documentation relating to this Event Location.

Upon completion of the investigation, NIPSCO requests that it be provided with a copy of the Pipeline Division’s Investigation Report with findings that will be forwarded to the Underground Plant Protection Advisory Committee. If there are any additional questions, please contact the undersigned.

Very truly yours,

Christopher C. (Kit”) Earle
NiSource Corporate Services - Legal
Phone: 317-684-4904
Fax: 317-684-4918
Email: cearle@nisource.com
IURC INFORMATION REQUEST
Pipeline Safety Division Case No. 4505

<table>
<thead>
<tr>
<th>Date of Event</th>
<th>11/11/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Location</td>
<td>617 Oakdale Dr</td>
</tr>
<tr>
<td>Event City</td>
<td>Ossian</td>
</tr>
<tr>
<td>Facility Owner</td>
<td>Northern Indiana Public Service Company</td>
</tr>
<tr>
<td>Excavator</td>
<td>Brad Roy</td>
</tr>
<tr>
<td>Date of IURC Information Request</td>
<td>3/27/2012</td>
</tr>
</tbody>
</table>

**THE PARTIES**

**EXCAVATOR:**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBLE PARTY PERSONAL NAME</td>
</tr>
<tr>
<td>TITLE (IF ANY)</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
</tr>
<tr>
<td>PREFERRED TELEPHONE</td>
</tr>
<tr>
<td>CELL PHONE TELEPHONE</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

**FACILITY INFORMATION - OWNER/OPERATOR OF UTILITY LINE:**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBLE PARTY PERSONAL NAME</td>
</tr>
<tr>
<td>TITLE</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
</tr>
<tr>
<td>PREFERRED TELEPHONE</td>
</tr>
<tr>
<td>SECONDARY TELEPHONE</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

**LOCATOR SERVICE INFORMATION**

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBLE PARTY PERSONAL NAME</td>
</tr>
<tr>
<td>TITLE (IF ANY)</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
</tr>
<tr>
<td>PREFERRED TELEPHONE</td>
</tr>
<tr>
<td>CELL PHONE TELEPHONE</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

**OTHER (WITNESS, POLICE, FIRE, OTHER) INFORMATION**

<table>
<thead>
<tr>
<th>PERSONAL CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS/ORGANIZATION NAME</td>
</tr>
<tr>
<td>TITLE (IF ANY)</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
</tr>
<tr>
<td>NEAREST INTERSECTION</td>
</tr>
</tbody>
</table>

**Product Type (Select One)**
- NATURAL GAS: X
- LIQUID PIPELINE
- UNKNOWN/OTHER

**Facility Type (Select One)**
- DISTRIBUTION
- GATHERING
- SERVICE/DROP: X
- TRANSMISSION
- UNKNOWN/OTHER

| Size (Diameter/ETC.) | 5/8" |
| Pressure (PSIG/INCHES) |  |
| Interruption in Service (YES/NO) | Y |
| Number of Customers Affected | 1 |
| Evacuation (YES/NO) | N |
| If Yes, How Many Evacuated |  |
| Repair Cost (If Known) ($) |  |

**Cause of Damage Information:**

**Type of Equipment (Select One)**
- Auger
- Backhoe/Trackhoe
- Boring/Drilling
- Directional Drilling
- Explosives
- Farm Equipment
- Grader/Scrapper: X
- Hand Tools
- Milling Equipment
- Probing Device
<table>
<thead>
<tr>
<th>Trencher</th>
<th>Vacuum Equipment</th>
<th>Unknown/Other</th>
</tr>
</thead>
</table>

**TYPE OF WORK PERFORMED (Select One)**

<table>
<thead>
<tr>
<th>Agriculture</th>
<th>Cable TV</th>
<th>Curb/Sidewalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg. Construction</td>
<td>Bldg. Demolition</td>
<td>Drainage</td>
</tr>
<tr>
<td>Driveway</td>
<td>Electric</td>
<td>Engineering/Surveying</td>
</tr>
<tr>
<td>Fencing</td>
<td>Grading</td>
<td>Irrigation</td>
</tr>
<tr>
<td>Landscaping</td>
<td>Liquid Pipeline</td>
<td>Milling</td>
</tr>
<tr>
<td>Natural Gas</td>
<td>Pole</td>
<td>Natural Gas</td>
</tr>
<tr>
<td>Public Transit Authority</td>
<td>Railroad Maintenance</td>
<td>Road Work</td>
</tr>
<tr>
<td>Sewer (Sanitary/Storm)</td>
<td>Site Development</td>
<td>Steam</td>
</tr>
<tr>
<td>Storm Drain/Culvert</td>
<td>Street Light</td>
<td>Street Light</td>
</tr>
<tr>
<td>Street Light</td>
<td>Telecommunications</td>
<td>Traffic Light</td>
</tr>
<tr>
<td>Traffic Signal</td>
<td>Traffic Signal</td>
<td>Traffic Sign</td>
</tr>
<tr>
<td>Water</td>
<td>Waterway Improvement</td>
<td>Water</td>
</tr>
<tr>
<td>Waterway Improvement</td>
<td>Unknown/Other</td>
<td></td>
</tr>
</tbody>
</table>

**LOCATE INFORMATION:**

<p>| RELEASE OF PRODUCT (YES/NO)           | Y                                             |
| IGNITION AND/OR FIRE (YES/NO)         | N                                             |
| EXCAVATOR NOTIFY 811 (YES/NO)         | N                                             |
| EXCAVATOR REQUEST LOCATE (YES/NO)     | N                                             |</p>
<table>
<thead>
<tr>
<th><strong>INDIANA 811 LOCATE TICKET NUMBER</strong></th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOCATE MARKS VISIBLE (YES/NO)</strong></td>
<td>N</td>
</tr>
<tr>
<td><strong>LOCATE MARKS CORRECT (YES/NO)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>EXCAVATOR &quot;WHITE LINED&quot; (YES/NO)</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>MAPS USED TO MARK FACILITIES (YES/NO)</strong></td>
<td>N</td>
</tr>
<tr>
<td><strong>OPERATOR EMPLOYEES ON-SITE DURING EXCAVATION (YES/NO)</strong></td>
<td>N</td>
</tr>
</tbody>
</table>

**INCIDENT IMPACT INFORMATION**

| **NUMBER OF OUTPATIENT TREATED** | 0   |
| **NUMBER OF INPATIENT TREATED**  | 0   |
| **NUMBER OF FATALITIES**         | 0   |
| **FIRE DEPARTMENT RESPONSE (YES/NO)** | Y   |
| **POLICE DEPARTMENT RESPONSE (YES/NO)** | N/A |
| **AMBULANCE RESPONSE (YES/NO)**  | N/A |

**ADDITIONAL INFORMATION/COMMENTS**

No notification made to the one-call center.
NORTHERN INDIANA PUBLIC SERVICE COMPANY
FACILITY DAMAGE REPORT
** COMPLETE FORM FOR ALL DAMAGES TO NIPSCO FACILITIES **

REPORTING OPERATING AREA F.I. Wayne MAXIMO WO# 601846

OPERATING AREA CONTACT Jason Hand JOB ORDER# 574628

TRACKING NUMBER Locate Performed By: None LOCATE REF# None

DATE AND TIME OF ACCIDENT November 11 2012 4:37PM DATE OF REPORT 11-7-12

PLACE OF DAMAGE (INCLUDE CITY) 617 Oakdale Dr Ossian In 46777

DAMAGE WAS TO:
ELECTRIC - POLE / TRANSFORMER: # _______ SIZE _______ YEAR INSTALLED _______ BROKEN YES ( ) NO ( )
OTHER (DESCRIBE)

GAS: SERVICE X MAIN ( ) SIZE 5/8 MATERIAL: PLASTIC X STEEL ( ) METER ( ) REG STATION ( ) STUB ( )
OTHER (DESCRIBE)

DEPTH OF FACILITY (Inches) 20" PRESSURE (PSI) 40 Lbs.

RELEASE OF GAS: YES ( ) NO ( ) IGNITION OF GAS: YES ( ) NO ( ) EVACUATION REQUIRED: YES ( )# NO ( )

INTERRUPTION OF SERVICE: YES ( ) NO ( ) NUMBER OF CUSTOMERS LOST: 1

DURATION OF INTERRUPTION: TIME REPORTED_________ TIME SHUT OFF_________ TIME RESTORED 6:45

DIAMETER/MEASUREMENT OF HOLE IN GAS FACILITY:

LOCATE MARKS ON SITE: YES ( ) DISTANCE BETWEEN FACILITY AND LOCATE MARKS _______ NO ( )
HOW LOCATED: PAINT ( ) FLAGS ( ) BOTH ( ) WHITE LINED ( )

PARTY THAT CAUSED DAMAGES (NAME)

Brad Roy

ADDRESS OF PARTY (INCLUDE CITY) 3584 W 27th Lane Yuma, AZ 85365

WHO WAS IN CHARGE OF THE WORK SITE AT TIME OF DAMAGE

Brad Roy

WITNESS NAME AND ADDRESS None

WITNESS REMARKS None

AGENCIES NOTIFIED / ONSITE: POLICE ( ) AGENCY _______ REPORT # _______
FIRE X AGENCY Ossian FD REPORT # _______

OTHER ( ) Any Injuries? ( ) YES # _______ ( ) NO

PHOTOS TAKEN: YES ( ) NO ( ) TAKEN BY: USIC

MEDIA ON SITE: YES ( ) NO ( )

WORK IN PROGRESS WHEN FACILITY DAMAGED - CHECK APPROPRIATE CHOICE BELOW

( ) AGRICULTURE/FARMING ( ) CABLE TV ( ) CURB/SIDEWALK ( ) TELECOMMUNICATIONS
( ) BLDG CONSTRUCTION ( ) DEMOLITION ( ) DRAINAGE ( ) WATER
( ) DRIVEWAY ( ) ELECTRIC ( ) SURVEYING ( ) DRAINAGE
( ) FENCING ( ) GRADING ( ) IRRIGATION ( ) DRAINSCULVERTS
( ) LANDSCAPING ( ) PIPELINE ( ) MILLING ( ) MOWING
( ) POLE/SIGN POST ( ) ROAD WORK ( ) SEWER ( ) OTHER

TYPE OF EQUIPMENT USED - CHECK APPROPRIATE CHOICE BELOW

( ) AUGER ( ) HAND TOOLS ( ) BACKHOE/TRACKHOE
( ) MILLING EQUIPMENT ( ) PROBING DEVICE ( ) BORING / DRILLING
( ) EXPLOSIVES ( ) TRENCHER ( ) FARM EQUIPMENT
( ) VACUUM EQUIPMENT ( ) GRADER ( ) OTHER

REASON DAMAGE OCCURRED - CHECK APPROPRIATE CHOICE BELOW

( ) AUTOMOTIVE ACCIDENT ( ) EXCAVATING BEFORE LOCATES DUE ( ) CARELESS MACHINE OPERATOR
( ) NO NOTIFICATION ( ) MARKS DISTURBED ( ) STUB ( ) OTHER No Locations

SEE REVERSE SIDE FOR COMMENTS AND DIAGRAM
COMMENTS: Friend of homeowner digging down to install new Ge. Hf+ Service. No Locates

PERSON PREPARING REPORT: Lengenzh 124923

FIELD SUPERVISOR: 62505

FIELD MANAGER: Randall Dunn

- ORIGINAL REPORT AND SUPPORTING INFORMATION IS TO BE SENT TO FACILITY DAMAGE RECOVERY
- COPY OF REPORT IS TO BE SENT TO DAMAGE PREVENTION

SKETCH: Show position of all pertinent information

FOR OFFICE USE ONLY:

- DID EXCAVATION OCCUR BEFORE LOCATES WERE DUE: YES NO
- NO IN 811 LOCATE CALLED IN: YES NO
- DAMAGE CAUSED FROM EXCAVATION WITHIN 24" ZONE: YES NO
- EXPIRED LOCATE: YES NO
- WAS WHITE LINING INDICATED ON LOCATE REQUEST: YES NO

COMPLETED BY: ___________________________ DATE: ____________________
LEAK INVESTIGATION FORM

Section 1 – To be Completed by the First Responder (information known during initial investigation)

CIS Ticket Number: 941125203 Date Reported: 11-7-12 Time Leak Reported (Military): 15:37
LOA: Ed Weimer GPS Coordinates: Latitude ______ N Longitude ______ W
City Name: Ossian
Address or Location: 617 Oakdale Dr

Leak Location:
1. ___ No Leak Found
2. ___ Customer Equip.
3. ___ Main
4. X___ Service
5. ___ Meter Loop
   (Lockwing and above)
6. ___ Regulator Station

For Services Only: Re-tested at 90 PSIG for 15 minutes
Leak Grade:
1. X___ Hazardous
   2. ___ Non-Hazardous, Scheduled Repairs
   3. ___ Non-Hazardous, Monitored

Leak Resolution
1. ___ Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
4. ___ Grade 2 or 3 Leak Not Repaired
   To be scheduled for re-evaluation/repair
Residual Gas Present: ___ Yes ___ No
(Grade 1 Leak Only)

Leak Referred to: Service

1st Responder: User ID: 124923 (First Name) Matt (Middle) Langanich (Last Name)

Section 2 – To be Completed by the Person Making Repairs to a Grade 1, 2 or 3 Leak

Comments: 6'1/8" Service by Homeowner installing Main Box

Repairs/Inspected: 11-7-12 Time: 18:30 (Military) User ID: 124923 (First Name) Matt (Middle) Langanich (Last Name)

Cause of Leak:
A. Material or Welds
   1. Faulty weld, dent, gouge, excessive stress
   2. Manufacturing defect
B. Corrosion
   1. External
   2. Internal
   3. Stress Corrosion Cracking (must be confirmed by corrosion group)
C. Weather/Outside Forces
   1. Natural Forces (weather, washouts, frost heave, frozen equipment etc.)
   2. Other Outside Forces (fire, explosion, vandalism etc.)
      (explain in comments)
D. Excavation
   1. Company Crew
   2. Contractor Crew
   3. Third Party

Identification: Contractor Crew:
Third Party Name: Brad Ray

CIS Grid Number: ____________________________ Pipe Size: 5/8" inches
Corrosion CP Section Number (Steel): ____________ Soil Condition: ___ dry ___ moist ___ wet
Transmission Line section: ____________

Section 3 – For Reporting Results of a Scheduled Re-inspection or Repair ONLY.

Re-evaluated Leak Resolution
1. ___ Leak Repaired
2. ___ Pipe Replaced
3. ___ Pipe Retired
4. ___ No Leak Found
5. ___ Leak Re-classified
6. ___ Grade 2 or 3 Leak, Schedule for repair/re-evaluation

Re-evaluated Leak Grade:
1. ___ Hazardous
2. ___ Non-Hazardous, Scheduled Repairs
3. ___ Non-Hazardous, Monitored

Re-evaluation Comments:

Repaired/Re-evaluated: 11-7-12 Time: 18:30 (Military) User ID: 124923 (First Name) Matt (Middle) Langanich (Last Name)

Materials:
1. ___ Coated Steel
2. ___ Bare Steel
3. ___ Plastic
4. ___ Cast Iron
5. ___ Copper
6. ___ Wrought Iron

Pipeline Identifier:
1. ___ Distribution
2. ___ Transmission
3. ___ Transmission HCA

METER #
0976168
Instructions:
1. Locate leak point and mark with X
2. Provide dimensions from centerlines, utility poles, curb lines etc.
3. Outline leak migration perimeter, provide dimensions and indicate % gas from leak point to 0%.

LEGEND
X Centered Leak
O Valve or Curb Box
△ Manhole
▲ Conduit Manhole
□ Catch Basin
⊕ Utility Pole
☑ Leak Area

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
NIPSCO Jobbing Order

Customer Name: Brad Ray
Service Address: 3584 W 27th Lane
City: Yuma, AZ 85365

Date: 11/7/12
Customer Acct No:

Type: □ Appliance Repair □ Purchase Material □ Relocate Services □ Temporary Service □ Energy Invest
□ Long Term JO □ Contribution in Aid of Construction
□ Vehicle □ Damage Number:

Reason: □ No Charge - ESP □ No Charge □ No Charge-Call Back □ Purchase Material □ Temporary Serv
□ T & M - ESP □ Firm Estimate □ Flat Rate □ Void

Plant Id: □ Regular Customer □ State Body □ Municipality □ Other:
Plant □ Gas Main Ext □ Gas Service Ext □ Electric Line Ext □ Electric Service Ext □ Street Light Serv
Desc □ Undgnd Elect Serv □ Undgnd Distribution □ Public Improvement
General Ledger Class Code: □ Gas Jobbing General □ Gas Retirement WO □ Gas Specific WO
□ Elect Jobbing General □ Elect Retirement WO □ Elect Specific WO □ Elect Temp Serv

Appliance Serviced: 5/8" Service
Serial No:
Model No:
Manufacturer:
Location:
Comments:

LABOR
(Please use straight time hours & show conversion Rate)

ID No & Name | Hours | Hr Rate | Labor $ | Equip # | Hrs | Rate | Equip $
---------------|-------|---------|---------|---------|-----|------|-------
D-4003 (Lesnock) | 4.0   | 39.88   | 31395   | 4.0     |

Total Labor Cost:

EQUIPMENT

Total Equipment:

Engineering Firm Estimate:
Pre-Paid Total:

PARTS

SIN # | Quantity | Size | Manufacturer | Description | Unit Price | Parts $
------|----------|------|--------------|-------------|------------|----------
201553 | 1        | 12x5/8" | Dupont | 5/16 x 12 Dog Bone Fitting |

Total Parts Cost:

CHARGES:

Service (a) Payroll Tax (c) Labor
(b) Equipment (d) Material
(e) Overhead
(f) Additional Material Sales Tax

Total Add'l Charge (f)

Parts Subtotal (d)
Plus % Overhead (e)

Total Parts Cost:

Additional Charges

Type | Amount
--- | ---
Meals | 11.90
Police Report
Gas Loss

Total:

Credit Card Name
Number
Expiration Date: / / 

Customer Acknowledgement:

Authorization No:

111706 REV.7-96 WHITE — DEPT./STOREROOM PINK — CUSTOMER GOLDENROD — REMAINS IN BOOK
Who is submitting this information?
Name of person providing this information: Carrie Ludwig
Business address (number and street): 3511 East 15th Ave
City, State, and ZIP code: Gary, IN 46403
Telephone number (area code): 219 962 0422
Fax number (area code): 219 962 0404
E-mail address: cludwig@nisource.com

Excavator Information, if known
Full name: Brad Roy
Business address (number and street): 3548 W 27th Lane
City, State, and ZIP code: Yuma, AZ 85365
Telephone number (area code): 
Fax number (area code): 
E-mail address: 

Excavation or Demolition Information
Excavator type: Occupant
Excavation or demolition equipment: Hand Tools
Type of work performed: Unknown/Other
Date and Location of Damage

Date of damage (month, day, year): Nov 11, 2012

County: Wells

City: Ossian

Street address (number and street, city, state, and ZIP code):
617 Oakdale Dr

Nearest intersection: N Braeburn Dr

Right of way where damage occurred: Private Easement

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated? 0

Was there a customer service interruption? Yes

If yes, how many affected? 1

Time to restore service (in hours): 2

Enter number of injuries, if applicable and known: 0

Enter number of fatalities, if applicable and known: 0

Property damage, Estimate $0

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: 0
Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: 

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:

If other, please specify: 

Was site marked by “White Lining”?

Were special instructions part of the locate request?

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Yes

**Description of Cause**

Select from the list the most accurate cause for the damage: --No notification made to the one-call center

**Additional Comments**
Fact Based Investigation Report

NOTIFICATION ID: 01820121107017
DAMAGE DATE: 11/7/2012 3:35:00 PM
NOTIFICATION DATE: 11/7/2012 5:37:16 PM

NOTIFIED BY: JAMILA MARTIN Facility Owner
DAMAGE ADDRESS: 617 OAKDALE DR. X MAXINE DR.
CITY: OSSIAN
ST: IN
ZIP:

DAMAGED CUSTOMER: NIPSCO
INVESTIGATION DATE: 11/07/2012
FROM: 17:45:00
TO: 18:15:00
EXCAVATOR INVOLVED: Homeowner
TYPE OF EXCAVATION: Mailbox

ORIG. LOCATE REQ.: START DATE/TIME:
TYPE OF TICKET: LOCATE REQ. INFO N/A: Yes
DIG UP/DAMAGE REQ.: M70217386 START DATE/TIME:
PICTURES TAKEN BY: VIC PEREZ DATE/TIME: 11/7/2012 6:00:00 PM
PHOTOGRAPHY TYPE: Digital FRAME #: N/A
INVESTIGATOR EMP#: 124414 INVESTIGATOR NAME: VIC PEREZ

BASED ON YOUR INVESTIGATION, IS FURTHER INVESTIGATION NEEDED? No

Fact Based Investigation Customer Information

NOTIFICATION ID: 01820121107017
SELECT A CUSTOMER: NIPSCO
CUSTOMER #: (optional)
FACILITY DESCRIPTION: LOWPROF FACILITY ID: Gas Service
LOCATOR NAME & EMP #:
LOCATOR NOT KNOWN: Yes

CHECK ALL THAT APPLY TO INVESTIGATION:
No Locate Req. By Contractor
Other:

CHECK ALL THAT APPLY TO METHOD OF INVESTIGATION (at least one must be checked):
Visual, Facility Exposed At Time Of Investigation

INVESTIGATOR STATEMENT/CAUSAL FACTORS:
11-09-2012 / JACK LANE / VIC PEREZ INVESTIGATED THE DAMAGE ON 11-7-2012 UNKNOWN CONTRACTOR CUT A NIPSCO GAS SERVICE WITHOUT A LOCATE REQUEST. THEY WERE INSTALLING A MAILBOX POST.
NAMES OF UTILITY REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
NONE

NAMES OF EXCAVATOR'S REPRESENTATIVES CONTACTED OR ON SITE AND STATEMENT:
NONE

LIST ANY OTHER INDIVIDUALS ON SITE:
NONE

WERE ANY MARKINGS VISIBLE ON THE DAMAGE SITE UPON ARRIVAL? No
WERE ANY OTHER INDICATORS OF FACILITY PRESENT IN THE AREA? No
WAS THE EXCAVATION WITHIN THE TOLERANCE ZONE OF MARKS? No

EXTENT OF FACILITY DAMAGE
CUT SERVICE
REPLACEMENT FOOTAGE
UNKNOWN

WAS CONTRACTOR ASSISTANCE REQUIRED? IF YES, WHO? No
WHAT CONTRACTOR EQUIPMENT WAS USED?

IS THE FACILITY SHOWN ON THE UTILITY RECORDS? No
IF YES, PLEASE LIST RECORD #(S)
Submitted to IURC-Pipeline Safety on: Feb 7, 2013

Who is submitting this information?
Name of person providing this information: Carrie Ludwig (NIPScO)
Business address (number and street): 3511 East 15th Ave
City, State, and ZIP code: Gary, IN 46403
Telephone number (area code): 219 962 0422
Fax number (area code): 219 962 0404
E-mail address: cludwig@nisource.com

Excavator Information, if known
Full name: Brad Roy
Business address (number and street): 3548 W 27th Lane
City, State, and ZIP code: Yuma, AZ 85365
Telephone number (area code): 
Fax number (area code): 
E-mail address: 

Excavation or Demolition Information
Excavator type: Occupant
Excavation or demolition equipment: Hand Tools
Type of work performed: Unknown/Other
Date and Location of Damage

Date of damage (month, day, year): Nov 11, 2012

County: Wells

City: Ossian

Street address (number and street, city, state, and ZIP code):
617 Oakdale Dr

Nearest intersection: N Braeburn Dr

Right of way where damage occurred: Private Easement

Was there a release of product? Yes

If yes, was there an ignition of product? No

Were evacuations necessary as a result of release? No

If yes, how many evacuated?

Was there a customer service interruption? Yes

If yes, how many affected? 2

Time to restore service (in hours):

Enter number of injuries, if applicable and known:

Enter number of fatalities, if applicable and known:

Property damage, Estimate $ _

Affected Facility Information

What type of pipeline was damaged? Natural Gas

What was the affected facility? Service/Drop

What was the depth of the facility, in inches? 20

Notification, Locating, Marking

Did excavator request locates prior to commencing work? No

Enter Indiana 811 ticket number, if known: _
Was the locate request completed within two working days? Unknown/Other

If locates were performed, were they done so by a contractor or pipeline employee? Unknown/Other

If a contractor locator, enter the company name, if known: ________________________________

Were facility marks visible in the area of excavation? No

Were facilities marked correctly? Unknown/Other

Type of markings used:
If other, please specify: ______________________________________________________________

Was site marked by “White Lining”?  

Were special instructions part of the locate request? 

Were maps used to complete the locate request? Unknown/Other

Were pipeline company representatives on site during excavation? No

Did the excavator notify the operator in the event of this damage? Yes

Did the excavator notify Indiana 811 in the event of this damage? No

Did the excavator notify 911 in the event of a release of product? Yes

---

**Description of Cause**

Select from the list the most accurate cause for the damage: – No notification made to the one-call center

**Additional Comments**